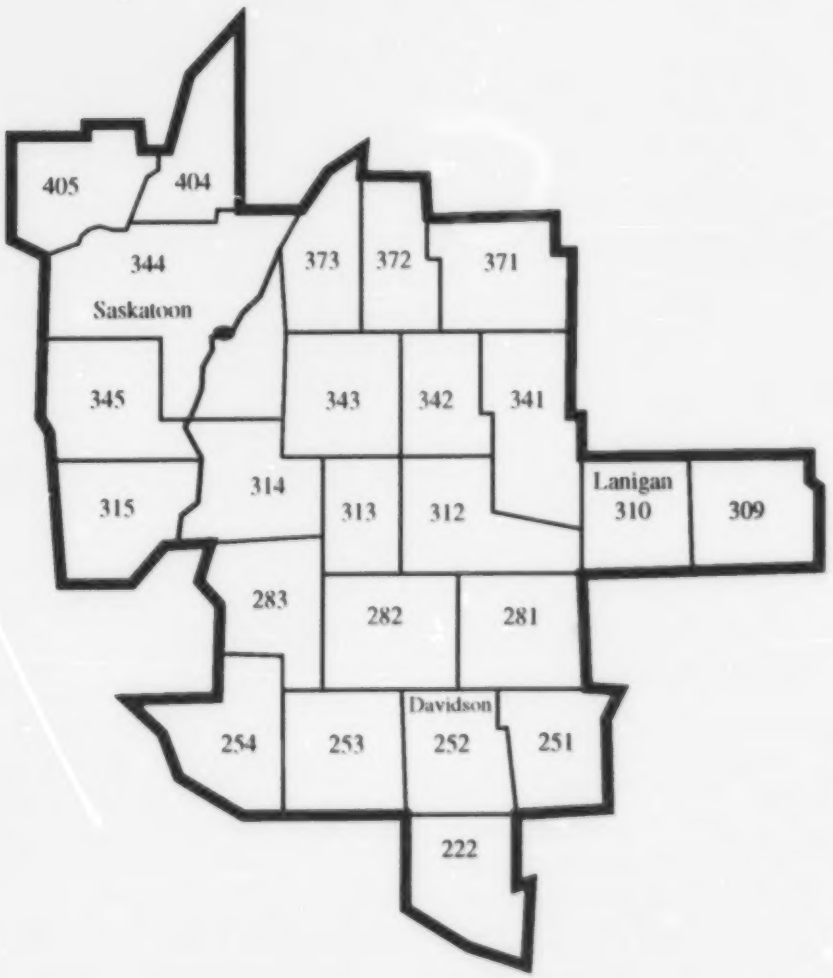
Saskatchewan
Health
Community Health –
Prevention Services Branch

SASKATOON RURAL HEALTH REGION #8
•1990-91 ANNUAL REVIEW•

Saskatchewan



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SASKATOON RURAL HEALTH REGION ANNUAL REVIEW 1990-91

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ACTING REGIONAL DIRECTOR
Colleen Kells

The past year, 1990/91, has been one of considerable change and challenge for the Saskatoon Rural Health Region.

For several years, we have been "twinned" with the Rosetown Health Region. The Medical Health Officer/Regional Director, Director of Regional Support Services, Regional Nursing Supervisor, Senior Public Health Inspector, Nutritionist and Early Childhood Psychologist all served both regions. With the exception of the RNS, who was based in Rosetown, these staff members were headquartered in Saskatoon and travelled to Rosetown to carry out their duties in the second region.

In October of 1990, the twinning of the Regional Director, Director of Support Services and Regional Nursing Supervisor ended. While Dr. Schnee continued to serve as Medical Health Officer for Saskatoon Rural and Rosetown Health Regions, his duties as Regional Director for Rosetown ended. Bev Thompson became Acting Regional Nursing Supervisor for Saskatoon Rural.

In February of 1991, Dr. Schnee assumed a new position as Medical Health Officer for the Saskatoon Community Health Unit. We thank him for his years of service to this and other health regions and wish him well in his new duties.

On February 1, Colleen Kells was appointed as Acting Regional Director. Medical Health Officer coverage was supplied by Dr. Clive Cunning of Regina Rural Health Region.

An outbreak of "maternitism," especially in our Public Health Nursing staff, has lead to numerous maternity leaves. We have been fortunate in finding qualified and very competent new staff members to fill in against these leaves, which has helped to lessen the impact of changing personnel.

In March, our staff had an opportunity to participate in a Team Building Workshop. This day-long session was facilitated by Terrie Conway of Human Resources Branch. The activities of the day helped us to identify some of our strengths and weaknesses, challenges in the workplace and ways that we could strengthen our team. It was an interesting and rewarding day.

Our staff demonstrated some of their teamwork in November when a multidisciplinary workshop for teachers of preschools

in the region was held. Presentations were made by Nutrition, Early Childhood Psychology, and Public Health Nursing while help with the arrangements was supplied by Speech Langauge Pathology. Comments on the workshop by participants were favourable.

During the year, our staff had an opportunity to begin using our new computer. A number of our staff took training in computer programs. The computer is used extensively for word processing, report writing, spreadsheets and accounting, the Public Health Inspection Information System, and for data gathering about programs. We look forward to expanding our use of available computer technology.

The central administration of Community Health - Prevention Services Branch has encouraged the regions to assume more local management. The health regions have been given more responsibility for monitoring our expenditures locally. Saskatoon Rural succeeded in remaining within our budget allocation during the fiscal year 1990/91. Extreme care has been taken in drafting future budgets to reflect realistic program needs and fiscal responsibility.

On a provincial level, the Murray Commission released its report, "Future Directions for Health Care in Saskatchewan." The report provoked much thought and discussion. As a result of recommendations within the report, several additional staff positions were added to the Branch.

The Heart Health Survey was completed in Saskatchewan with several communities in our region taking part. The results show that significant risk factors for heart disease exist in the lifestyles of the population of Saskatchewan. Prevention Services Branch is part of a coalition of concerned health agencies who will be working together to promote better heart health.

Health Promotion Branch has established Healthy Living Goals for the year 2000 for the citizens of Saskatchewan. These goals aim for a healthy environment, healthy lifestyles, and prevention of illness and death. Prevention Services Branch is working to help achieve these goals.

The Public Health Act is undergoing revision. Portions of the Act date back to 1909 and much of the Act requires major revisions. numerous agencies and groups, including our Regional Board, have been invited to participate in the review of the Act to ensure that the new Act meets the needs of Saskatchewan's population.

A major thrust for the Branch and the Department is community development. We seek to help communities identify their health needs and challenges and support programs that will best meet their needs. In this process, we rely heavily on the Municipal Health Representatives to alert us to health status of their communities.

I wish to acknowledge the fine work done by our staff and to thank them for the extra effort they make to insure the success of our programs. I appreciate the help and support given to me as I assumed my new administrative duties.

I would also like to express our appreciation to our Regional Board of Health and its Chairperson, Dr. al-Katib, and the Municipal Health Representatives for their contributions to, and support of, the programs of the health region.

SASKATOON RURAL HEALTH REGION

POPULATION BY AGE

(Includes 225 registered Indians)

AGE	30-Jun-89	30-Jun-90
under 1	659	620
1 - 4	3242	3039
5 - 14	8876	8677
15 - 24	7000	6788
25 - 64	23001	22790
65 - 74	3373	3318
75 +	2352	2433
TOTAL	48503	47665

BIRTHS IN 1990

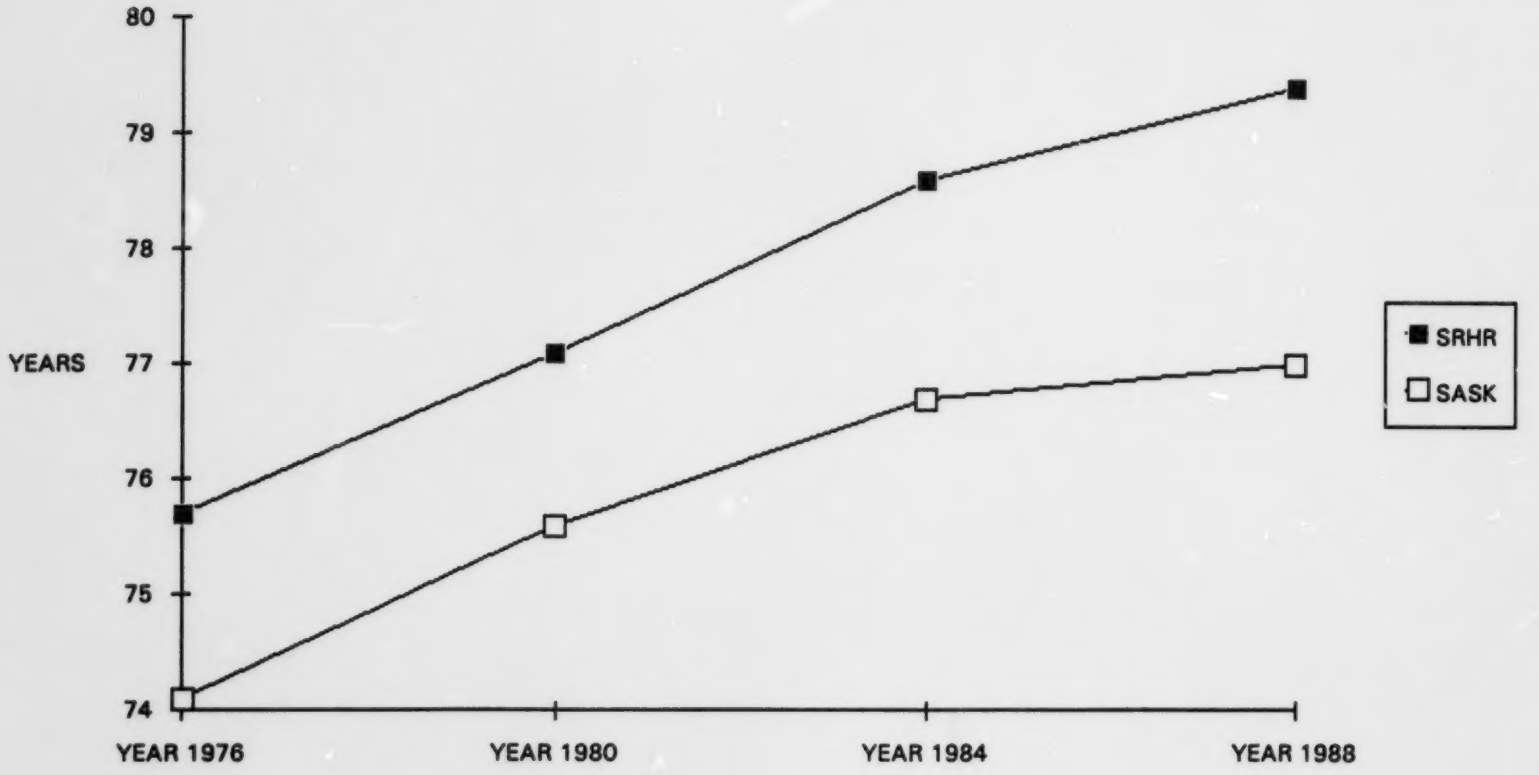
BY MOTHER'S AGE AND MARITAL STATUS

	10 - 14	15 - 19	20 - 24	25 -29	30 - 34	35- 39	40 - 44	45 +	TOTAL
MARRIED	0	7	117	261	182	55	2	0	624
OTHER	0	21	18	14	5	0	0	0	58
TOTAL	0	28	135	275	187	55	2	0	682

BIRTH RATE (expressed as # of births/1000 total population)

	SRHR	ALL HRs	SASK.
MARRIED	13.09	10.57	11.2
OTHER	1.21	3.45	4.37
TOTAL	14.3	14.02	15.57

LIFE EXPECTANCY IN SASKATOON RURAL HEALTH REGION AND SASKATCHEWAN



TOTAL NUMBER OF VITAL EVENTS OCCURRING IN SASKATCHEWAN IN 1990
BY HEALTH REGION

HEALTH REGION	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
TOTAL FOR PROVINCE	16031	7953	123	67	115	62	7.67	7.15
# 1 SWIFT CURRENT	516	402	4	2	4	2	7.75	7.72
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	865	616	7	5	4	1	8.09	4.62
# 3 WEYBURN-ESTEVAN	643	417	2	2	3	1	3.11	4.66
# 5 REGINA RURAL	904	603	8	5	11	6	8.85	12.09
# 7 ROSETOWN-BIGGAR-KINDERSLEY	567	341	2	1	2	1	3.53	3.52
# 8 SASKATOON RURAL	682	281	4	1	4	3	5.87	5.84
#10 YORKTON-MELVILLE	848	805	1	1	5	5	1.18	5.86
#11 MELFORT-TISDALE	840	700	6	3	7	5	7.14	8.28
#12 PRINCE ALBERT	1384	623	8	6	9	5	5.78	6.48
#13 NORTH BATTLEFORD	1316	621	15	6	13	8	11.40	9.82
CITY OF REGINA	3036	1137	38	25	33	12	12.52	10.83
CITY OF SASKATOON	3323	1179	11	5	13	10	3.31	3.90
NORTHERN SASKATCHEWAN	762	111	12	4	5	1	15.75	6.55
OUT OF PROVINCE	345	117	5	1	2	2	14.49	5.76

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1990
FOR HEALTH REGION # 8 SASKATOON RURAL

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	281	188	93	4	3	5	0	10	3	19	13	51	13	99	61
09 M N OF DIGESTIVE ORGANS,PERITONEUM	19	11	8	0	0	0	0	0	0	1	3	3	0	7	5
10 M N OF RESPIRATORY & RELATED ORGANS	20	16	4	0	0	0	0	1	1	5	1	5	0	5	2
11 M N OF BONE,SKIN,BREAST	4	1	3	0	0	0	0	0	0	0	1	0	0	1	2
12 M.N. OF GENITOURINARY ORGANS	13	12	1	0	0	0	0	0	0	0	0	3	1	9	0
13 M N OF OTHER & UNSPECIFIED SITES	7	3	4	0	0	0	0	0	2	0	1	1	0	2	1
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	7	4	3	0	0	0	0	1	0	1	1	2	1	0	1
15 BENIGN NEOPLASM	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0
18 ENDOCRINE & METABOLIC DISEASES	7	5	2	0	0	0	0	0	0	0	1	1	0	4	1
20 DIS OF BLOOD/FORMING ORGANS	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0
21 MENTAL DISORDERS	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0
22 DISEASES OF THE NERVOUS SYSTEM	3	0	3	0	1	0	0	0	0	0	0	0	0	0	2
25 RHEUMATIC FEVER/HEART DISEASE	3	3	0	0	0	0	0	0	0	0	0	2	0	1	0
27 ISCHAEMIC HEART DISEASE	74	50	24	0	0	0	0	1	0	5	1	18	2	26	21
28 PULMONARY & OTHER HEART DISEASE	25	14	11	0	0	0	0	0	0	1	2	2	4	11	5
29 CEREBROVASCULAR DISEASE	26	13	13	0	0	0	0	0	0	1	0	5	2	7	11
30 OTHER DISEASES OF CIRCULATORY SYSTEM	11	8	3	0	0	0	0	0	0	0	0	2	0	6	3
32 OTHER DISEASES OF RESPIRATORY SYSTEM	13	9	4	0	0	0	0	0	0	0	0	1	0	8	4
34 OTHER PARTS OF DIGESTIVE SYSTEM	7	4	3	0	0	0	0	0	0	3	0	1	2	0	1
35 DISEASES OF URINARY SYSTEM	4	4	0	1	0	0	0	0	0	0	0	1	0	2	0
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0
44 CONGENITAL ANOMALIES	2	1	1	1	1	0	0	0	0	0	0	0	0	0	0
45 CONDITIONS IN PERINATAL PERIOD	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	6	3	3	1	1	0	0	0	0	0	1	0	0	2	1
E47 TRANSPORT ACCIDENTS	9	8	1	0	0	3	0	3	0	0	1	2	0	0	1
E49 MISADVENTURES DURING MEDICAL CARE	2	2	0	0	0	0	0	0	0	0	0	0	0	2	0
E50 ACCIDENTAL FALLS	2	2	0	0	0	0	0	0	0	0	0	0	0	2	0
E52 OTHER ACCIDENTS,LATE EFFECTS	4	3	1	0	0	1	0	0	0	0	0	2	0	1	0
E54 SUICIDE AND SELF-INFLICTED INJURY	6	6	0	0	0	1	0	3	0	1	0	0	0	1	0
E55 HOMICIDE & INTENTIONAL INJURY	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0
E56 OTHER VIOLENCE	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0

REGIONAL DISTRIBUTION OF POSITIVE ANIMALS BY HEALTH REGION (BASED ON AGRICULTURE CANADA FIGURES)

SPECIES	#1	#2	#3	#5	#7	#8	#10	#11	#12	#13	NHS	REG. CITY	SKTN CITY	TOTAL
Bat	3	1		1					2	1			2	10
Cat	1		2	1								1	1	6
Cattle	1			1				1						3
Horse							1	1						2
Skunk	3	3	1	1		1	11	2	12					34
TOTAL	8	4	3	4		1	12	4	14	1		1	3	55

Positive animal rabies cases decreased again in most of the Southern part of the province. All other health regions showed decreases from the previous year with the exception of Health Region #12, which had another increase this year in positive rabies reports. With the exception of Health Region #7 and Northern Health Services, all regions had at least one reported case of a positive animal in 1990.

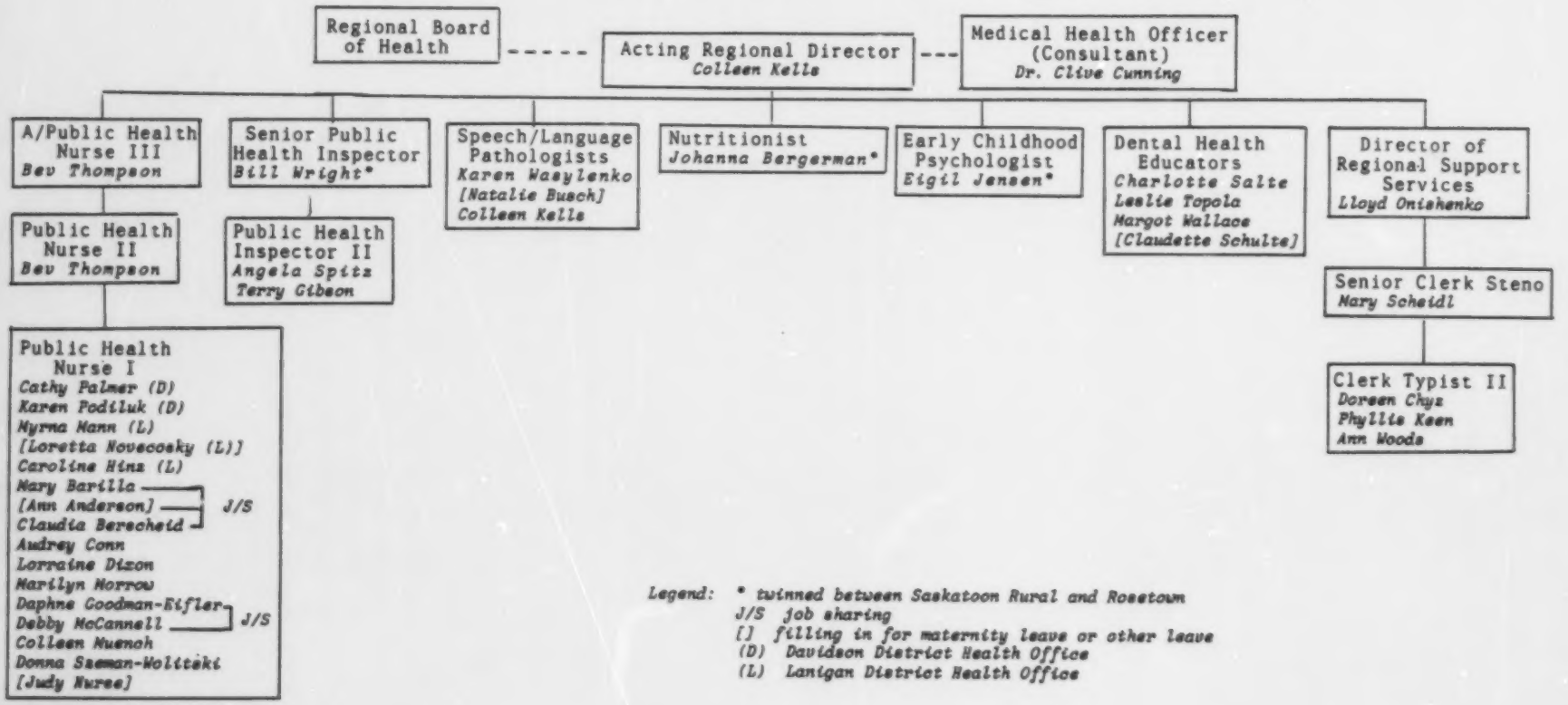
COMMUNICABLE DISEASES IN SASKATOON RURAL HEALTH REGION IN 1990

Salmonellosis	8
Giardiasis	17
Campylobacter	15
E. Coli	1
Yersinia Enterocolitica	3
T.B. Respiratory	1
Pertussis	8
Hepatitis A	2
Hepatitis B	1

1990 SEXUALLY TRANSMITTED DISEASES
BY HEALTH REGION

	#1	#2	#3	#5	#7	#8	#10	#11	#12	#13	NHSB	SKTN.	REG.	OUT OF PROV.	TOTAL
Early/Secondary Syphilis						1									1
Genito-urinary Gonorrhea	1	7	5	15	4	6	5	9	152	48	298	184	169	5	908
Anal Gonorrhea												1	1		2
P.P.N.G.												2	5	1	8
Non Gonococcal Urethritis	1				2	4		3	33	6	47	136	9	4	245
Chlamydial Conjunctivitis												1	3		4
Genito-urinary Chlamydia	16	119	57	76	12	42	47	64	291	150	716	868	739	17	3214
Genital Herpes - Type 1	2	5			3		1		3	1		58	33		106
Genital Herpes - Type 2	2	8	3	1		2		8	13	6	4	153	106	5	311
Genital Herpes - Untyped											2		4		6
TOTAL	22	139	65	92	21	54	53	84	492	211	1067	1403	1069	32	4805

SASKATOON RURAL HEALTH REGION
REGIONAL ORGANIZATIONAL STRUCTURE - AS OF MARCH 31, 1991



Legend: * twinned between Saskatoon Rural and Rosetown
J/S job sharing
[] filling in for maternity leave or other leave
(D) Davidson District Health Office
(L) Lanigan District Health Office

MUNICIPAL HEALTH REPRESENTATIVES
Saskatoon Rural Health Region, 1991

Health District No. 1

	Bruno	Vicky Serblowski	Box 370, Bruno S0K 0S0
	Colonsay	Randy Wieler	Box 44, Colonsay S0K 0Z0
	Craik	Ted Obrigewitsch	Craik S0G 0V0
*	Davidson	Dr. F. Al-Katib	Box 698, Davidson S0G 1A0
	Imperial	Abe Feltis	Box 142, Imperial S0G 2J0
	Lanigan	Brian Thirsk	Box 194, Lanigan S0K 2M0
	Watrous	W. H. Eltom	Box 550, Watrous S0K 4T0
	Aylesbury	Henry Watkins	Box 65, Aylesbury S0G 0B0
	Bladworth	Shawn Shaw	Box Bladworth S0G 0J0
	Drake	Jake K. Neufeld	Box 152, Drake S0K 1H0
	Etters Beach	Donald Anderson	Liberty S0K 2A0
	Girvin	Maury Dolan	Box 22, Girvin S0G 1X0
	Guernsey	Gordon Weber	Box 152, Guernsey S0K 1W0
	Jansen	Ralph Palmer	Box 64, Jansen S0K 2B0
*	Kenaston	Lillian Sellers	104-330 Girgulis Cresc, S'toon
	Liberty	Marrion E. Wolff	Box 53, Liberty S0K 2A0
	Lockwood	Bert Meissner	Lockwood S0K 2R0
*	Manitou Beach	Arnold Strueby	Box 1213, Watrous S0K 4T0
	Meacham	Sandra Savage	Box 118, Meacham S0K 2V0
	Plunkett	W. R. Hastie	Plunkett S0K 3J0
	Simpson	Kurt Vanthuyne	Box 274, Simpson S0G 4M0
	Viscount	Brian Desmarais	Viscount S0K 4M0
	Young	Joyce Brennan	Box 227, Young S0K 4Y0
	Zelma	Maxine Fischer	Box 22, Zelma S0K 4Z0
	Arm River 252	Lorne Willner	Box 784, Davidson S0G 1A0
	Bayne 371	Francis Yungwirth	Box 429, Bruno S0K 0S0
	Big Arm 251	Bev McDougall	Box 104, Liberty S0G 3A0
	Colonsay 342	Ingrid Buchinski	Box 25, Colonsay S0K 0Z0
	Craik 222	Lawrence Obrigewitsch	Box 216, Craik S0G 0V0
	McCraney 282	Gerard Zdunich	Box 67, Kenaston S0G 2N0
	Morris 312	Pat Rowan	Box 306, Young S0K 4Y0
	Prairie Rose 309	Ron Fedderson	Box 240, Jansen, S0K 2B0
	Usborne 310	Donald J. Bowman	Box 86, Guernsey S0K 1W0
	Viscount 341	James Dale	Box 51, Plunkett S0K 3J0
	Willner 253	Mary Ann Chomyshen	Box 147, Hawarden S0H 1Y0
	Wood Creek 281	Doug Gross	Box 124, Simpson S0G 4M0

* BOARD MEMBERS

⟶ Alternate: R.M. Colonsay 342 - Ray Simmons

Health District No. 2

	Allan	Shelly Engel	Allan S0K 0C0
*	Dundurn	Cheryl Gourdeau	Box 387, Dundurn S0K 1K0
	Hanley	Dan Peters	Hanley S0G 2E0
	Vonda	Elaine Lepage	Box 74, Vonda S0K 4N0
	Aberdeen	Cookie Wruck	Box 39, Aberdeen S0K 0A0
*	Bradwell	Karen Zasitko	Box 82, Bradwell S0K 0P0
	Clavet	P. Carol Spencer	Box 196, Clavet S0K 0Y0
	Elbow	Don Book	Gen. Delivery, Elbow S0H 1J0
	Elstow	Gilbert Gaudet	Box 86, Elstow S0K 1M0
	Hawarden	Gerald Cooper	Box 238, Hawarden S0H 1Y0
	Loreburn	Barry G. Fink	Gen. Del., Loreburn S0H 2S0
	Prud'homme	Steve Sopotyk	Box 153, Prud'homme S0K 3K0
	Strongfield	Darryl Norrish	Strongfield S0K 3Z0
	Resort Village of Shields	Dr. K. Stakiw	314 Ball Pl., S'toon S&k 6E5
	Resort Village of Thode	Dorothy Gilmer	Dundurn S0K 1K0
	Aberdeen 373	Edward Wutzke	Aberdeen S0K 0A0
	Blucher 343	Diane Boehm	Allan S0K 0C0
	Dundurn 314	Ron Presnell	Box 9, Dundurn S0K 1K0
	Grant 372	Tony Stachniak	402 Cumberland Ave. S7N 1M6
	Loreburn 254	J. A. Forrest	Box 40, Loreburn S0H 0C0
	Lost River 313	Louise Hagel	Allan S0K 0C0
	Rosedale 283	William Hannah	Box 267, Kenaston S0G 2N0

Health District No. 3

	Asquith	Helena Peters	Box 298, Asquith S0K 0J0
	Dalmeny	Linda Mathews	P.O. Box 250, Dalmeny S0K 1E0
	Delisle	Gib Henderson	Box 393, Delisle S0L 0P0
	Langham	Geraldine Gossen	Box 661, Langham S0K 2L0
	Martensville	Holly Heatherington	Box 155, Martensville S0K 2T0
*	Osler	Sarah Peters	Box 154, Osler S0K 3A0
	Radisson	Shirley Hosegood	Radisson S0K 3L0
	Waldheim	Evelyn Driedger	Box 136, Waldheim S0K 4R0
	Warman	Marie Regier	Box 338, Warman S0K 4S0
	Borden	Clarence Williams	Box 3, Borden S0K 0N0
	Hepburn	Thelma Dirks	Box 235, Hepburn S0K 1Z0
	Laird	Walter Funk	Box 189, Laird S0K 2H0
	Vanscoy	Donald J. Rayburn	Vanscoy S0L 3J0
	Corman Park 344	Dick Picard	1-501-45th St. W., S'toon
	Great Bend 405	Ken Tanchak	Box 150, Borden S0K 0N0
	Laird 404	Henry A. Baerg	Box 7, Dalmeny S0K 1E0
	Montrose 315	Dawn Johnstone	R.R.#3, Saskatoon S7K 3J6
*	Vanscoy 345	Donald Kinzie	R.R.#3, Saskatoon S7K 3J6

* BOARD MEMBERS

REGIONAL ADMINISTRATIVE
Lloyd Onishenko

The 1990/91 fiscal year was unique to say the least, especially in my case where it was shortened by 4½ months due to illness. One of the highlights last year was the unexpected secondment to assist "Consensus Saskatchewan" last May/June as a facilitator. This role took me to seven communities in the southwest part of the province after a weekend orientation session in Regina, plus, several other communities in between sessions.

On October 1, 1990, my pleasant association with Rosetown ended as I was detwinned from the Rosetown Health Region along with Dr. Paul Schnee (Regional Director/Medical Health Officer) and Jean Porter (Nursing Supervisor). It should be noted here that I enjoyed working in Rosetown and had a very good relationship with all staff.

As "Everyone Wins Coordinator" for the Saskatoon Rural Health Region, ten applications were processed and approved for a total of $7,451.90, plus one application was rejected. The ten applications were as follows:

1. Davidson Regional Library Board - $553.90
2. Davidson Rural Women's Group - $1,000.00
3. Dalmeny High School - $980.00
4. Colonsay School S.A.A.D. Chapter - $200.00
5. Long Lake School Division - $825.00
6. Davidson Interagency Organization - $1,000.00
7. Saskatchewan Farm Women's Institute at Watrous - $500.00
8. Asquith Better Life Association - $1,000.00
9. Delisle and District Recreation Assoc. - $1,000.00
10. Saskatchewan Breastfeeding Action Committee - $393.00

One application for a $1,000.00 grant was deferred to the 1991/92 fiscal year.

This was a very positive year from an administrative prospective under the able guidance of the Executive Director - Jane Knox - like a breath of fresh spring air. The regions were given more responsibility, including monitoring their own "vacancy management plan" and fiscal forecasting on a regular basis.

It should be noted that as far as computer utilization, staff were trying to share the one and only computer we had in the region. A number of staff took the opportunity of attending a number of computer related courses, i.e. DOS, microsoft excel, and wordperfect 5.0. It is my hope that

since we are now into the microage, the purchasing of regional computers accelerates so that staff will have reasonable access on a regular basis.

Further capital acquisitions during the 1990/91 fiscal year consisted of the following:

- cassette hand held recorder
- self-defrosting fridge for the PHN in Watrous
- magnell teaching kit for prenatal classes
- goodlite chart for vision screening
- behavior counter for the SLPs
- infantometer for nursing
- reflector pad for 3M overhead projector
- projector stand
- Bell and Howell projector (2nd hand)
- four wheel cart with three shelves

In closing, I would like to thank Dr. al-Katib, Board Chairman, and the Regional Board of Health for their commitment to improving the health care of the residents in our region, along with the assistance of the Municipal Health Representatives.

Finally, I would like to thank all the staff for their patience and understanding during my lengthy absence. A very special "thank you" to Mary Scheidl (senior secretary) for handling the extra load, plus the other clerical staff for their great support.

PUBLIC HEALTH NURSING
Bev Thompson

Community Health - Prevention Services Branch (CH-PSB) aims to protect, maintain and improve people's health by providing community-based services.

Public Health Nurses (PHNs) deliver programs aimed at reducing communicable diseases, improving prenatal care, intervening at an early stage for vision, hearing and speech problems, decreasing family violence and stress, and developing healthy family relationships.

Program Highlights

A major focus in the nursing programs continued to be in the area of maternal/child health.

Prenatal

Prenatal classes were offered in four locales within the health region. Saskatoon office prenatal classes were offered continuously throughout the year, while classes in the district offices were offered on a more irregular basis. This was mainly due to staffing changes.

Infant and Preschool

The Preschool Core Program was offered in the 28 Child Health Conference (CHC) sites in the region. The program provides a comprehensive service to our children under four years of age. Evaluation of this program has been ongoing since its implementation in 1986.

PHNs participated in the 1988 evaluation of the developmental screening element of the program. As a result of this evaluation the formal screening tool, the Denver Developmental Screening Tool (DDST) was discontinued in January 1991. A provincial committee has been established to assist in recommending a suitable replacement screening tool. Currently, PHNs are using their professional judgement to assess the development of children under four years of age.

Evaluation of the Vision Screening Program was undertaken this year. This entailed a collection of data in 1990 and an analysis of this data in 1991.

The nutrition element is currently being reviewed by the Public Health Nutritionists.

The continual review and evaluations of programs and

activities will ensure that we are current in our information and assist us in the overall achievement of our nursing goals and objectives.

Postnatal

In May 1990, Saskatchewan joined the growing number of provinces who implemented a program aimed at postpartum families and health professionals, the "Postpartum Parent Support Program (PPSP)." On November 15, 1990, Saskatoon's three hospitals, Community Health Unit, and Rural Health officially implemented the program.

The PPSP identifies and provides a framework for the delivery of support needed by the parents during the postpartum period. One of the greatest benefits of the program's design is the enhancement of service delivery. This is achieved by nurses providing consistent information to the parents when they are in the hospital setting and then when they are at home in the community setting.

Currently an evaluation tool is being developed by Continuing Nursing Education (CNE) to assist in formally evaluating this program. (CNE is the provincial coordinator of this program)

Nobody's Perfect Program

Nobody's Perfect Program was introduced into Saskatchewan this year. The original developer and sponsor of the program is Health and Welfare Canada. The Saskatchewan Institute on Prevention of Handicaps is coordinating the program provincially.

The program provides parenting information and support to specific target groups in the community. This may include young, single, low income or isolated parents with limited formal education.

Two PHNs have received the facilitator training and will be implementing programs this year. The facilitators are responsible for initiating, recruiting to and delivering the program in a group or individual setting. PHN preparation for this program is time consuming and may include arranging child care, transportation and locating a sponsoring group in the community.

School

PHNs involvement in pediculosis (head lice) control and follow-up has been under review for the past few years. In September 1991, PHNs will change their focus in time spent

in the management of pediculosis from mass screening to education and consultation. Mass screening is an ineffective way of conrolling the spread of head lice. PHNs will be offering education sessions on the prevention, identification, transmission, treatment and control of head lice to parents, teachers and children.

Inservice/Public Education

This region continued to have the opportunity to participate in the education of nursing students. Six students from the University of Saskatchewan and 59 Kelsey students gained community health nursing field experience.

Nurses participated in a variety of inservice programs. Workshops and inservices provide PHNs with the opportunity to continue to grow and develop and to keep abreast of the current concepts and practices in public health nursing.

Over the past few years the number of public education sessions PHNs have provided to schools and community groups has increased. In 1989, a regional Nursing Resource Committee was established to maintain current resources and information that would assist PHNs in their service delivery. An Adolescent Resource Manual was developed this year. This manual has eliminated hours needed in developing class content and preparation time.

Staffing

This was a year of challenge, change and development. Staffing changeovers and fiscal restraints were contributing factors. Seven out of 12 PHN I positions were affected by change this year. This included 5 maternity leaves, 1 sick leave and 1 PHN I position being converted to an RNS position. This downsizing took place when Jean Porter, the RNS for Rosetown and Saskatoon health regions was detwinned. The PHN II took on the added responsibilities of the RNS position, as this position remained vacant for the year. In total, 24½ person months remained vacant for the year.

Despite these staffing changes, we were able to continue to deliver quality service to the public. We have a committed and flexible nursing staff in Health Region #8.

SELECTED PUBLIC HEALTH NURSING STATISTICS

With the change to computerized statistics, some of the statistics are collected differently and are only available for limited periods of time. Some figures that are similar have been added together for purposes of comparison.

	1986-87	1987-88	1988-89	1989-90	1990-91
Number of Nursing Days	1977.50	1794.75	2,357	2,369	2,084
Home Visits:					
Prenatal	85	54	65	82	37
Infants (postnatal - 12 months)	547	480	694	718	523
Preschools (includes phone and office calls)	608	587	803	810	636
Adult: under 65 years	250	270	319 *	247 *	182 *
over 65 years	232	84	360	248	134
Communicable Disease	57	125	118	17	13
Total Interviews/Contacts in addition to home visits (All Ages, All Services)	1,640	2,199	2,622	3,051	2,509
Prenatal Classes: (computerized statistics April 1, 1989 to March 31, 1990)					
Number Held - 59 (5 early, 12 late class series)					
Mothers Attended - 119					
Father/Coach Attended - 113					
Child Health Conference:					
Attendance Appointments	5,924	5,463	4,889	4,533	4,407
§ Visits			519	511	484
Number of preschoolers immunized Diphtheria, Pertussis, Tetanus and Polio (4 doses)			668	677	441
Number of preschoolers immunized against Mumps, Measles and Rubella			678	666	379
Number of preschoolers immunized against Hemophilus Influenza Type B			479	573	365
School Programs:					
School Enrollment	11,028	11,281	10,633	11,094	10,846
Students Seen	4,094	5,360	6,738	8,520	5,418

* SAIL Respiratory visits are included in these totals.

§ Previously counted with appointments; visits are for immunization or weight only or for repeat screenings, usually requiring less time than an appointment when several services are provided as described in the infant and preschool programs' "Passport to Health."

PUBLIC HEALTH INSPECTION SERVICES
Bill Wright

The 1990/91 inspection objectives continued to be the safeguarding of the health of the public from physicial, chemical and biological hazards. Education either through organized courses or on an informal basis received major emphasis. The administration of provincial regulations and policies that govern the wide range of environmental conditions throughout the region was the other area of emphasis.

Staffing

1990/91 saw the inspectional staff remain stable: two full time PHI IIs (Terry Gibson and Angela Spitz), and a twinned senior. Due to illness we were down to only one PHI for three months during the year. Mr. Blair Choquette, second year trainee, was with us for twelve weeks during the summer.

Programs

All facilities requiring licences or a Permit to Operate were given a high priority for inspection. Unfortunately due to high demand service not all facilities were inspected.

All trailer courts/mobile home parks were inspected for Central Office to determine those with areas of non-compliance.

Food establishments that had been problems in the past were inspected.

All swimming pools were inspected during the summer season.

Terry, Angela and Bill conducted a large number of National Sanitation Training Programs (Safe Food Handling) throughout the Region. 550+ people successfully completed the course.

During the last year several court cases throughout Canada have brought to light the precarious position that PHIs and local Boards of Health are in with regards to liability. The results of these cases have indicated the following:

1. If mandated by legislation to do an inspection and inspections are not done - liable.

2. If required inspection completed but deficiencies/problems missed - liable.

3. If required inspection completed, all deficiencies recorded and action not taken to successfully have problems corrected - liable.

Current staffing levels and current programing are resulting in all three of the above conditions occurring.

In conclusion, I would like to thank and commend Angela and Terry for the excellent work and cooperation over the last year. They both set a very high professional standard. They have extended themselves above and beyond normal requirements to maintain their high standards.

The assistance, dedication and help of the secretarial staff has been invaluable.

The statistical information that follows is in a new format this year due to a change in September to the Public Health Inspectors Information Program. As a result of this change and problems that occurred with the old system, the statitics are based on a 7-month period (September 1, 1990 to March 31, 1991), not the regular 12-month period.

PUBLIC HEALTH INSPECTION STATISTICS

Activity	Number of Occurrences	Total Hours	% of Workload
Samples	4	6.8	0.3
Complaints:			
Sewage	8	7.5	0.3
Garbage	11	16.3	0.6
Food	9	6.5	0.3
Other	11	17.6	0.7
Land Use Referrals	35	46.0	1.8
Public Education	42	390.5	15.5
Surveys/Projects	5	18.5	0.7
Legal Action	0	0	0
Disease Investigation	15	18.3	0.7
Travel	N/A	261.5	10.4
Staff Development	N/A	99.5	4.0
Staff Meetings	N/A	236.8	9.4
General Administration	N/A	941.5	37.5
TOTALS	125	2,067.3	82.2

PUBLIC HEALTH INSPECTION STATISTICS

Facility Type	# of Inspections Required Per Year	# of Premises	% of Premises Inspected Once	# of Field Visits	# of Hours Consult	# of Hours Field Visits	# of Hours Formal Inspections	% of Work Load
Food Eating Establishment	1	298	17.1	37	45	21.0	33.0	3.9
Food Distribution	1	105	2.9	6	4.5	6.0	26.0	1.5
Food Processing	1	59	9.1	6	19.0	5.5	2.3	1.1
Liquor Outlets	1	54	33.3	1	1.0	0.5	8.8	0.4
Institution/Housing	1	119	0.8	3	148	1.0	2.8	0.7
Licensed Accommodation	1	137	20.4	11	17.0	8.0	18.1	1.7
Swimming Pool/Water Theme	1	24	0.0	1	13.8	1.0	0.0	0.6
Recreation/Public Facilities	1	108	6.5	7	8.5	4.0	3.8	0.6
Private/Public/Communal Water	N/A	47	2.2	5	51.0	4.0	5.5	2.1
Plumbing	N/A	N/A	N/A	83	61.0	41.8	N/A	4.1
Sewage Disposal	N/A	N/A	N/A	6	15	3.5	N/A	0.7
Other		37	0.0	181	158.1	29.0	94.8	1.1
TOTAL		988		347.0	541.9	125.3	195.1	18.5

SPEECH/LANGUAGE PATHOLOGY
Natalie Busch, Colleen Kells, Karen Wasylenko

Communication is one of the most basic aspects of our daily lives. Without communication, life can be pretty miserable. For a preschool child unable to communicate, or having difficulty communicating his/her thoughts, the results can be one frustrated little boy or girl. Communication disorders can affect not only what is being said, but also the child's personal and social being. There have often been cases of children whose difficulty with communication has resulted in such behaviors as temper tantrums on one end of the spectrum to complete withdrawal and shyness on the other end of the spectrum. Then as their communication improves through intervention, these behaviors often would subside, and the parent is so pleased as to how the child's "personality" has changed. It is very interesting how something as simple as communication can affect one's behavior; however, it is not surprising, considering the kinds of communication disorders that do exist.

Speech/Language Pathologists continue to work with the preschool population to ensure the acquisition of good speech and language skills. These skills are essential prior to kindergarten enrollment. There has been a great deal of research which has pointed to inadequate speech and language skills contributing to reading and writing difficulties in the school years. Thus the role of early intervention and prevention is essential and a very important aspect of the Speech/Language Pathologist working with preschoolers in this health region, and throughout Community Health Prevention Services Branch.

The Speech/Language Pathologist is concerned with four areas of communication: articulation, language, voice and fluency.

- Articulation is sound production and how understandable the child's speech is to the listener. This is one of the most common communication disorders. In this region, approximately 41% of the caseload involved children and/or adults with this type of speech problem.

- Language involves how the child understands, processes, and internalizes information provided to him/her in conversation as well as expression of his/her thoughts with appropriate meaning, structure and use. This type of communication disorder is usually the second most common problem. In 1990/91, language problems were found amongst 24% of the caseload.

- Voice is the audible sound produced as a result of the vibration of the vocal cords. Voice is used for speech. Speech/Language Pathologists evaluate how appropriate the child's voice is in relation to his/her age and physical structure as well as appropriateness of pitch, nasality, and quality of voice relating to harshness or roughness. One of the most common voice problems in children is abuse to the vocal cords relating to excessive screaming. The involvement of the otolaryngologist (ear, nose and throat specialist) is necessary to determine the condition of the vocal cords, and to determine if intervention of the Speech/Language Pathologist is necessary. Approximately 3% of the caseload were diagnosed with abnormal vocal qualities.

- Fluency is another area of concern for the Speech/Language Pathologist. An evaluation examines how fluent the child's speech is during conversation. The child's speech may be evaluated to determine if communication is hampered by excessive pauses, repetitions or words or phrases, or hesitations. Some people may refer to this as stuttering. Early intervention is very important in this area, to prevent what may be normal dysfluent speech in a preschool child from becoming a severe case of stuttering later. In 1990/91, 7% of the caseload were identified with dysfluent speech.

Intervention not only focuses directly on the child, but also includes the family caregivers, such as the parents. Parents have a great role to play in assisting their children with their development in communication through home programming provided by the Speech/Language Pathologist, in addition to any direct therapy at the health office. Home programming is very important as what the child has learned in therapy then must be carried over to his natural environment. In some cases, intervention may be primarily with the parents, where counselling and programming may include various techniques for the parent to use with their child to develop language more fully.

Speech/Language Pathology services were provided by three Speech/Language Pathologists during the year of 1990/91. Miss Natalie Busch joined the health region in March 1991, to cover Colleen's area while she acts as Regional Director. Clinics continued in all district offices of Lanigan, Watrous, Davidson and Saskatoon. Karen also covers the Humboldt office, which is part of the Melfort/Tisdale Health Region. During the spring of 1990 (May to July), we had a student from the University of Alberta working with us. Miss Ruth Neufeld gained her practical experience required to graduate in

speech/language pathology, under the supervision of Karen Wasylenko.

The Speech/Language Pathologists of this health region have been involved with other activities outside casework. In some cases they have been involved in continual case conferences involving individual clients with outside agencies, so the most comprehensive program is provided for the client concerned. They have also attended teleconferences at the Royal University Hospital, as part of staff development. These teleconferences pertained to areas in speech and language.

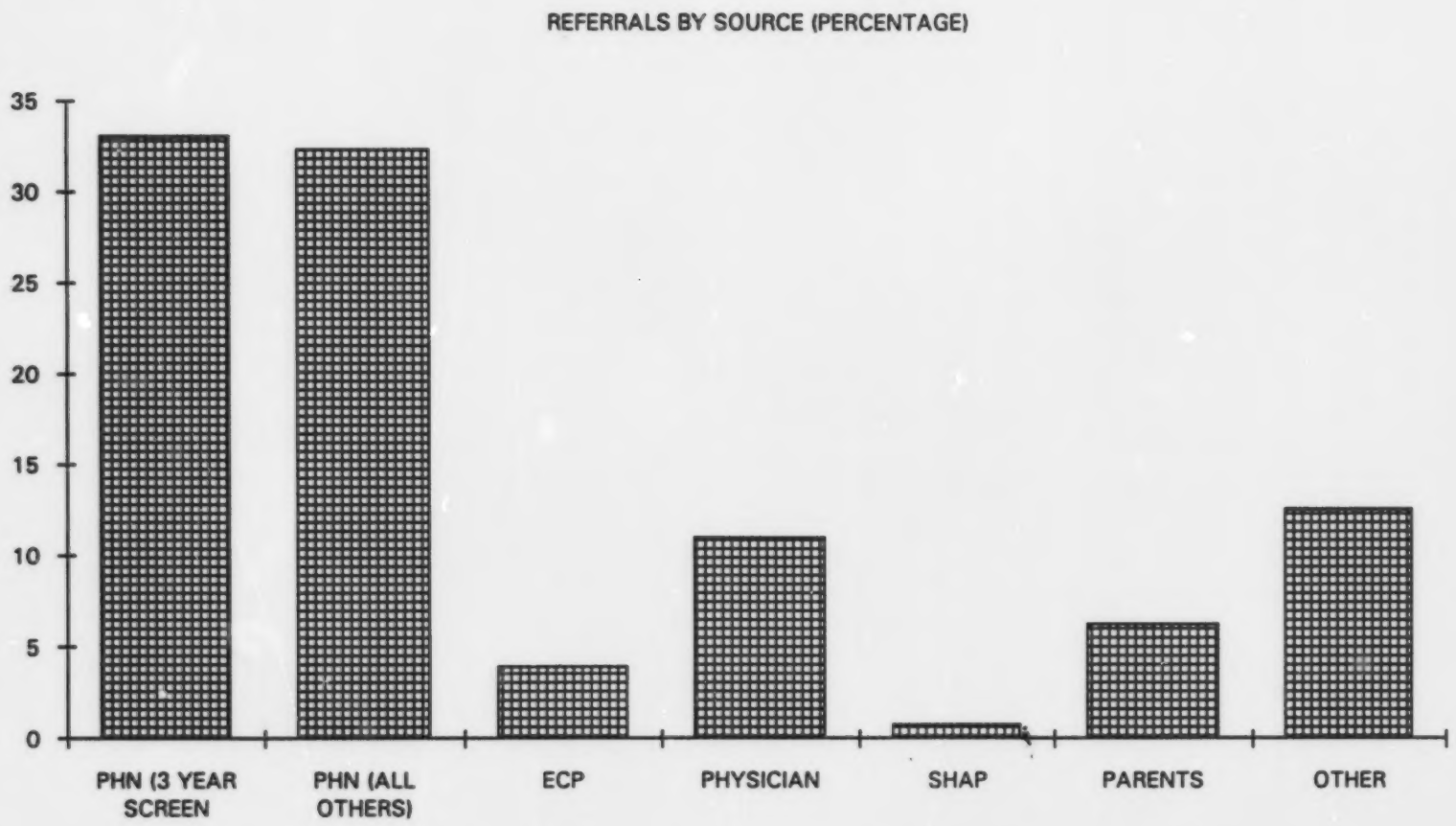
Colleen has served on a variety of committees such as the health region's Health Promotion Committee, and the Community Health Prevention Services Branch Planning Committee, in addition to her usual duties as a Speech/Language Pathologist. Karen continued to represent the health region on the Regional Early Childhood Coordinating Committee, which is a committee of various professionals from a variety of government agencies who provide services to preschool children. Karen also served on the committee which developed the Communication Questionnaire, which is a speech and language screening tool used by the Public Health Nurses within the Community Health Prevention Services Branch. This past year the tool was formally evaluated, with positive results, and continues to be a tool used by the Public Health Nurses as part of the core screening program.

In addition, the Speech/Language Pathologists have also been involved with orientating new staff to the health region, as well as assisting new Speech/Language Pathologists working in other health regions. They have visited this health region as part of their orientation, and have undergone extensive orientation with Colleen Kells.

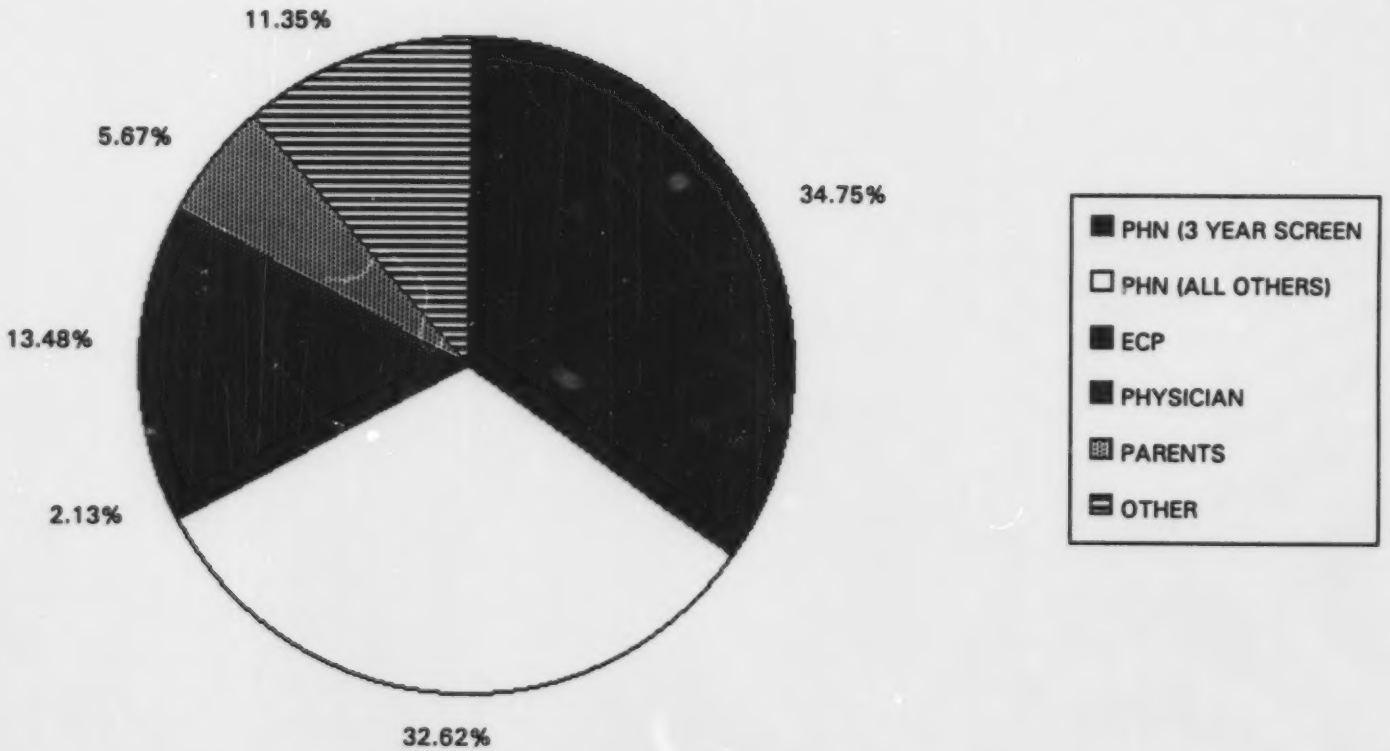
SPEECH/LANGUAGE PATHOLOGY STATISTICS
APRIL 1, 1990 - MARCH 31, 1991

	1989-90	1990-91
REFERRALS (BY SOURCE)		
Public Health Nurse (3-year screen)	49	42
All Other Public Health Nurse Referrals	46	41
Early Childhood Psychologist	3	5
Physician	19	14
Saskatchewan Hearing Aid Plan	0	1
Parents	8	8
Other	16	16
TOTAL	141	127
DIAGNOSIS		
Articulation	46	52
Language	27	30
Voice	6	4
Fluency	5	9
Associated Conditions	3	4
Normal	16	19
TOTAL	103	118
DISCHARGE (BY REASON)		
Initial Assessment Normal	19	20
Treatment Goals Reached	39	35
Transferred	36	44
Moved	16	12
Service Refused	20	19
Other	11	7
TOTAL	141	137

	(as of Mar. 31/90)	(as of Mar. 31/91)
MONTHLY CASELOAD		
Waiting for assessment	36	30
Waiting for therapy	0	1
In Treatment	94	91
By Schedule: More than one per week	0	0
One time per week	19	23
Two times per month	19	14
One time per month	12	7
Once every three to four months	28	27
Once every three months or less	16	20
By Treatment Type: Individual therapy	45	42
Group therapy	0	0
Third party programming	4	3
Under review	45	46
REVIEW		
Number Reviewed	6	1
Overdue for review	19	25
TOTAL CASELOAD	130	122


REFERRALS BY SOURCE (PERCENTAGE)
35
30
25
20
15
10
5
0
PHN (3 YEAR SCREEN
PHN (ALL OTHERS)
ECP
PHYSICIAN
SHAP
PARENTS
OTHER

REFERRAL BY SOURCE (PERCENTAGE)



EARLY CHILDHOOD PSYCHOLOGY
Eigil Jensen

> "I suspected something was wrong with my child's development but no one would believe me until we got the results of your assessment."
>
> "It is really great to have someone like you to talk to when one doesn't know what to do."

The foregoing are quotes by mothers who obviously felt that they had benefitted from the Early Childhood Psychology (ECP) Service. They are only two indications of the usefulness of the ECP service, but they indicate clearly what some parents are looking for.

During the past year the ECP received 32 referrals. The reader is reminded that approximately 30 percent of the ECP's time was spent in the Rosetown Health Region. Furthermore, the ECP was on sick leave for two months in 1990. This left only six months of actual work in the Saskatoon Region. Twenty of the referrals (63%) were received from the Public Health Nurses and five (16%) were received from the Speech/Language Pathologists. Referrals were also received from the Early Childhood Intervention Programs and from parents, as indicated in the ECP statistics.

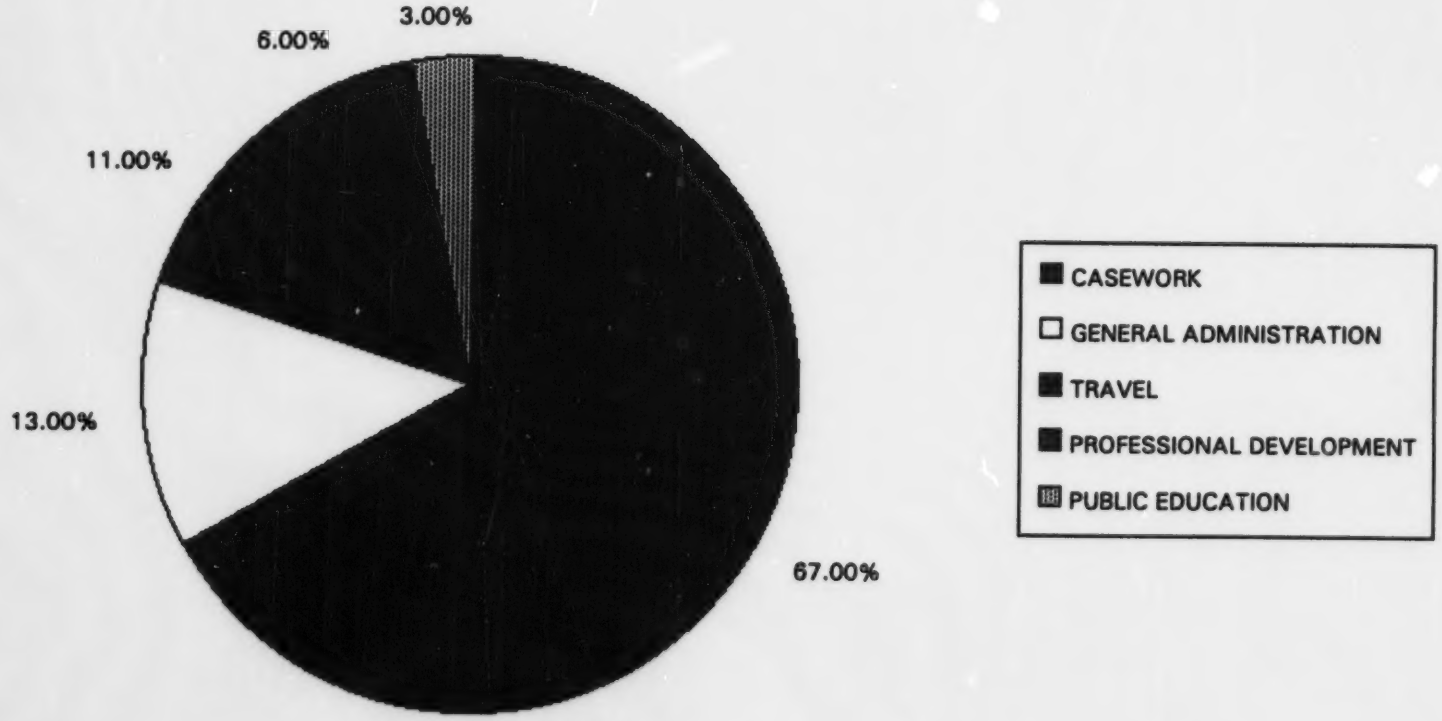
The 32 referrals generated 199 appointments, 35 of which were for behavioral or developmental counselling, 28 for developmental assessments, 35 for case conferences and 21 for play therapy. Approximately 70 percent of these appointments were at the Saskatoon regional office and 19 percent were at the district offices. The remaining appointments were held at other locations such as the home, a day care centre or at a school.

As indicated by the pie chart, 67 percent of the ECP's time was devoted to case work. Thirteen percent was devoted to general administration and 11 percent to travel. A minimum amount of time - 6 percent - was spent on professional development (such as workshops), and public education were at the bottom of the list at 3 percent of the ECP's time.

The ECP has the honor of chairing a staff committee which developed a very successful one-day workshop on team building within the region. The facilitator of the workshop was made available by the Human Resources Branch in Regina, which also funded the workshop.

The ECP is looking forward to another productive and enjoyable year in the Saskatoon Rural Health Region.

TIME ALLOCATION (PERCENTAGE)



EARLY CHILDHOOD PSYCHOLOGY STATISTICS

	1989-90		1990-91	
	No.	%	No.	%
Number of referrals received	59		32	
Number and percentage of referrals by source of referal				
Public Health Nurses	47	80	20	63
Speech-Language Pathologists	4	7	5	16
Early Childhood Intervention Programs	0	0	3	9
Parents	5	8	2	6
Other Community Health Staff	0	0	1	3
Other	3	5	1	3
Number of appointments	136		119	
Number of appointments by type of service provided				
Assessment	45	33	28	24
Counselling	67	49	35	29
Case Conferences	20	15	35	29
Play Therapy	4	3	21	18
Percentage of appointments by location				
Regional office (Saskatoon)	92	68	83	70
District office	32	23	23	19
Home	5	4	1	1
Other	7	5	12	10

PUBLIC HEALTH NUTRITION
Johanna Bergerman

Nutrition services for Saskatoon Rural and Rosetown Health Regions continue to be provided from the shared nutrition position headquartered in Saskatoon.

A total of 39 group presentations were given to 581 people in Saskatoon Rural Health Region. Twenty-one of these presentations were to community groups, 18 were for professional inservice.

Consultative services, which provide information, materials and advice continue to be given to both public and professional staff. Consultations regarding individuals including screening and counselling continues to be provided as well.

Newspaper articles are also written and provided to the local newspapers. These articles have, since January 1991, been made available on a weekly basis rather than a monthly basis.

Highlights of the nutrition program over the past year are:

Eat Smart for Your Heart Programming

Public recognitioin of the importance of a healthy diet for the prevention of heart disease has resulted in increased demand for related nutrition information and education. Workshops and grocery shopping tours have helped meet some of this demand. Eight classes and 15 grocery shopping tours were provided in the past year.

Project Apex

Work was completed on a Project Apex pamphlet. This pamphlet was the result of collaboration with Saskatoon City Health and the Family Foundation. It is intended to make parents and teachers aware of the nutrition and physical fitness conditions of our youth. A supplementary community development pamphlet was also produced.

Prenatal Weight Screening

These cards are now available and are being provided to pregnant mothers. This is an important tool for public health nurses, to help mothers become aware of poor weight gain and the risk of poor pregnancy outcomes.

Breastfeeding Promotion

The World Health statement on the protection, promotion and support of breastfeeding, entitled Innocenti Declaration was released in August 1990.

The Saskatchewan Breastfeeding action group based in Saskatoon has worked cooperatively with Continuing Nursing Education to produce a pamphlet on breastfeeding to be used by the new post partum support program in Saskatchewan. This group has also worked with Continuing Nursing Education to provide inservice on breastfeeding to both hospital and public health nurses.

Nutritional Assessment Program of Community Health Clinics

The nurses actively participated with me in a review of the nutrition assessment presently being done in well baby and preschool clinics. Inservice was also given to the nurses on the National Health and Welfare guidelines for Nutritional Care of Preschoolers.

Information tearsheets given out in clinic were revised.

Policy Formation/Challenges

The less visible work of the nutritionist is to ensure that nutrition is an important component in policies affecting the health of individuals and communities. Influencing change and providing input into such areas as hospital policy related to infant feeding practices, school feeding policies, labelling regulations and standards relating to national guidelines is ongoing. Bringing an adequate standard of care to communities requires adequate staffing levels. A ratio of one public health nutritionist per 50,000 population has been recommended by the National Summary Report of the Scientific Review Committee and the Communications/Implementation Committee (1990). The current ratio in Rosetown and Saskatoon Rural regions is one nutritionist for 90,000 people.

To meet this need for community nutritionists, I have been actively involved in the Community Nutrition Internship Program providing more than 20 weeks of training for nutrition degree students over the past year. It is through this unique program that nutrition students become available as community nutritionists.

Conclusion

Much of what has been accomplished has only been possible through the support of many people, staff and community volunteers alike. A thanks is extended to all who have been involved. I look forward to your continued support.

PUBLIC HEALTH NUTRITION STATISTICS

PRESENTATIONS

	Saskatoon Rural Health Region		Rosetown Health Region	
	Sessions	Attendance	Sessions	Attendance
Professional Inservice				
Public Health Nurses	5	72	6	68
Other Professionals	5	26	1	12
Continuing Nursing Education (Breastfeeding)	1	35	1	30
Childcare Workers	1	12	2	20
Post-Secondary Students Staff Orientation	2	2	2	2
Health Councillors/Interagency		40	1	12
Sub-Totals	18	254	13	144
Community Groups				
Prenatal	1	16	1	8
Preschoolers			4	80
School Students	8	190	5	104
Parents	1	8		
Consumers:				
Eat Smart	1	14	8	143
Grocery Shopping Tours	1	5	15	123
Other	6	71	7	353
Employee Wellness Program	3	23		
Sub-Totals	21	327	40	811
TOTALS	39	581	53	955

TOTAL SESSIONS IN BOTH HEALTH REGIONS: 92
TOTAL ATTENDANCE IN BOTH HEALTH REGIONS: 1,536

CONSULTATIVE SERVICES

	Saskatoon Rural Health Region	Rosetown Health Region
Group		
Professional		
- Health	116	60
- Education	18	5
Public	53	36
Community Agencies	8	3
Other	36	19
Individuals		
PHN Consultations	36	10
Screened/Counselled	39	8
TOTALS	306	141

TOTAL CONSULTATIVE SERVICES IN BOTH HEALTH REGIONS: 447

DENTAL HEALTH EDUCATION
Cynthia Ostafie, Myrna Ruthven, Charlotte Salte, Claudette Schulte, Leslie Topola and Margot Wallace

The general health of most creatures depends largely on their ability to take a proper nourishment. An inability to do so causes a loss of health and hence a poor quality of life. Teeth play a vital role in the consumption of the daily nutrients required by humans to maintain healthy bodies and minds and thereby enjoy a high quality of life. The dental health education program has striven to promote positive attitudes and habits regarding oral and dental health to all those people we've targetted for 1990/91. We've received many positive comments and encouragements throughout the year from people on the receiving end of our program. These remarks have come from teachers, parents, and the students, who indicated to us that our program is causing a swing toward healthful attitudes and lifestyle among a great many receiving the service. The following report will show the numbers of people, various age groups, and type of people who made use of our program this year.

Kindergarten to Grade Six School Program

One hundred twenty-seven schools in the region were visited by the three Dental Health Educators in Saskatoon: Leslie Topola, Charlotte Salte, Claudette Schulte (filling in for Margot Wallace), and Myrna Ruthven. A total of 1,172 presentations were made to 26,288 students. Myrna Ruthven, of the Melfort-Tisdale Health Region, has completed nine of the schools as they are closer to her location at the Humboldt District Health Office.

In each case, a teacher and/or parent or other adult was present, therefore at least 1,122 adults received dental health information and practical skills knowledge on brushing and flossing techniques. The aim of the school program is to provide some dental knowledge to students, based on the school health curriculum, as well as some practical instruction on the lifetime habits of proper brushing and flossing. This is accomplished by the use of personally made flip charts, large mouth models and brushes for demonstrating cleaning techniques, and several short videos and storybooks. We continue to leave a pamphlet and toothbrush or floss with each child. Similar presentations were provided to some grade 7 and 8 classes upon request, involving over 350 students.

School-based Fluoride Mouthrinse Programs

Ten fluoride mouthrinse programs are operating within the

region, of which two are new this year (Clearsprings Hutterite Colony and Kenaston School). 3,197 children receive the benefits of the rinse, which strengthens tooth enamel making it more resistant to tooth decay. The health benefit of this program is obvious not only by its reduction in dental disease, but in the reduction of costly and time consuming repairs that may have been otherwise necessary.

Supplies are provided to participating schools where teachers and volunteers supervise the weekly or bi-weekly rinsing. Workshops were provided to the volunteers by the Dental Health Educator to educate them on the proper usage, handling and storage of the fluoride and supplies.

Preschool Program

The preschool kit contains storybooks, a mouth model and toothbrush, puppets, games, activities, and instructions in a manual, toothbrushes for each child, a handout to be taken home for parents and a poster for the daycare or preschool to keep. The purpose of the kit is to allow the caregivers to teach preschool children the proper toothbrushing method as outlined in the manual. In addition the caregiver may provide followup reinforcement through the use of stories, games, songs and activities all found in the manual or kit. This allows children to learn in a positive, fun way, the skills necessary to brush daily and the reasons for doing so -- a great way to promote oral health at an early age. (When time allows, the dental health educators try to offer the presentation in person, although the kit has been designed so that non-dental personnel can use the materials). The kits were used by 67 preschools regionally, involving 2,157 children.

Dental Health Month (April 1990)

1. Dental Health Month Baby: The first baby born at each hospital in the region was presented with a basket containing toothbrushes for mom and baby, pamphlets, floss, and a storybook "A Walk With Charlie Chew". The hospitals also received smaller packets containing some of these items for the other babies born during April. A total of 520 packets were made for the three hospitals in Saskatoon, one in Rosthern and Watrous. This project will educate parents about the oral health of their newborns, and provide them with the knowledge to create positive attitudes and life skills about oral health for their children.

2. Dental Health Month Displays: Displays were set up at Wildwood, Confederation Park and Circle Park Malls in

Saskatoon. The Charlie Chew Puppet Show was performed every half hour, and sugar boards indicating amounts of sugar contained in various foods and snacks were also displayed.

Presentations and Displays

October 1990:
Careers Day at Mount Royal Collegiate - Margot Wallace spoke about careers in dentistry.

October 10:
Seniors' Exhibition - Leslie Topola and Charlotte Salte displayed dental products for seniors and provided information on periodontal disease.

October:
Child Care Conference - Leslie and Charlotte displayed the Charlie Chew Preschool Kit.

October 25:
Caring and Sharing Seminar at Lakeridge Elementary School - Charlotte and Leslie performed the Charlie Chew Puppet Show and demonstrated an experiment on the value of fluoride.

October and November:
Presentations to the North and West Health Clinics in Saskatoon by Charlotte Salte. Information was provided about the Dental Health Education Program and resources.

November:
Saskatchewan Women's Institute in Kenaston - Charlotte did a presentation on dental products and what is new in dentistry today.

December:
Kindersley West Central Children's Festival - Charlotte assisted Cynthia Ostafie with a display on healthy snacks and fluorides, and utilized the Charlie Chew costume to promote and enhance the display.

February 1991
Preschool Information Registry Service Conference - Charlotte, Leslie and Margot displayed the Charlie Chew preschool kit and informed those attending that the kit is available for their use.

Professional Development

May 1990 - Charlotte attended the Annual Convention of the Saskatchewan Dental Therapists Association to learn about dental therapy around the world.

January 1991 - Charlotte and Leslie took part in a computer course on DOS and Word Perfect.

February 1991 - Charlotte and Leslie attended the Team Building Seminar.